

Town of Harwich
732 Main Street · Harwich, MA 02645 · 508.430.7506
Building Permit Application / **Non-Refundable Fee \$50.00**
PLEASE PRINT LEGIBLY

SITE INFORMATION / PROJECT INFORMATION:

☐ RESIDENTIAL ☐ COMMERCIAL* ☐ CHANGE OF USE*

*COMMERCIAL BUILDINGS IN EXCESS OF 35,000 CU. FT. MUST MEET CONTROL CONSTRUCTION REGULATIONS (780 CMR 116).
ADDENDUM TO PERMIT APPLICATION AVAILABLE IN BUILDING DEPARTMENT.

JOB ADDRESS: _____ ASSESSOR'S MAP/PARCEL: _____

*EXISTING / PROPOSED USE: _____ / _____ CONSTRUCTION TYPE: _____

DESCRIPTION OF ALL WORK: _____

TOTAL CONTRACTED VALUE* OF WORK: _____ ONE (1) APPLICATION PER STRUCTURE.

STRUCTURE: \$ _____ PLUMB: \$ _____ WIRE: \$ _____ HVAC: \$ _____

* SUBJECT TO FINAL COST AFFIDAVIT*

☐ NEW DWELLING / # OF UNITS: _____ ☐ ADDITION ☐ ALTERATIONS

☐ ACCESSORY STRUCTURE / TYPE: _____ ☐ OTHER: _____

☐ NEW COMMERCIAL CONSTRUCTION; # OF TENANT SPACES: _____

☐ MECHANICAL / TYPE: _____ ☐ SOLAR / SF: # _____

TOTAL SQUARE FOOTAGE OF ALL CONSTRUCTION / ALTERATIONS BY FLOOR:

BASEMENT: _____ **FIRST FL:** _____ **SECOND FL:** _____ **GARAGE:** _____

ZONING COMPLIANCE INFORMATION:

ZONING DISTRICT(S): _____

HISTORIC DISTRICT: _____

FLOOD ZONE: _____

BOA CASE #: _____

PLANNING BOARD CASE #: _____

CONCOM CASE#: _____

BOH #: _____

SETBACK COMPLIANCE:

EXISTING:	Front	L Side	R Side	Rear
PROPOSED:	Front	L Side	R Side	Rear
REQUIRED:	Front	L Side	R Side	Rear

DEBRIS DISPOSAL FACILITY AS APPROVED BY HARWICH DPW: _____

DIGSAFE CASE #: _____

PROFESSIONAL(S) INFORMATION:

CONSTRUCTION SUPERVISOR (CS): _____ CELL #: _____

ADDRESS: _____ PHONE #: _____

CITY/ST/ZIP: _____ EMAIL: _____

CSL #: _____ TYPE: _____ EXPIRATION: _____

HIC REG #: _____ EXPIRATION: _____

PROFESSIONAL / ENGINEER: _____ CELL #: _____

ADDRESS: _____ PHONE #: _____

CITY/ST/ZIP: _____ EMAIL: _____

LEGAL PROPERTY OWNER INFORMATION:

PROPERTY OWNER: _____ ARE YOU A LESSEE? _____

ADDRESS: _____ PHONE #: _____

CITY/ST/ZIP CODE: _____ EMAIL: _____

“BY SIGNING THIS APPLICATION I DO HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE ABOVE CAPTIONED PROPERTY AND I HAVE AUTHORIZED THE WORK DESCRIBED IN THIS APPLICATION. I HEREBY AUTHORIZE THE PEOPLE NAMED IN THIS APPLICATION TO ACT AS MY AGENTS IN MATTERS CONCERNING THIS DESCRIBED WORK. I HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE.”

LEGAL OWNER'S SIGNATURE: _____ DATE: _____

LEGAL OWNER'S NAME (PLEASE PRINT): _____

APPLICANT/AGENT/C.S. SIGNATURE: _____ DATE: _____

APPLICANT/AGENT/C.S. PRINTED NAME: _____

DEPARTMENTAL USE ONLY

APPROVAL / DENIAL BY: _____ DATE: _____

PERMIT NO.: _____ PERMIT FEE: _____

Please Read Before Signing

**AFFIDAVIT OF A HOMEOWNER FOR
CONSTRUCTION SUPERVISOR LICENSE EXEMPTION**

A **'Homeowner'** may obtain a building permit without having a construction supervisor's license if they qualify for the license exemption in the 7th Edition of the Massachusetts State Building Code 780 CMR 5108.3.5 Licensing of Construction Supervisors.

The **'Homeowner'** must supervise anyone they hire to perform the work described in the permit. This exemption does **not** apply to the field erection of manufactured buildings.

A **'Homeowner'** is defined as: Person(s) who owns a parcel of land on which he or she resides or intends to reside, on which there is, or is intended to be, a one- or two-family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner.

I hereby certify that I am a **'Homeowner'** according to the above definition and I will assume full responsibility for the work described in the attached building permit. I will assure conformance of the applicable sections of the Massachusetts State Building Code, Town of Harwich Zoning By-laws, and any other applicable law, rule, or regulation.

I UNDERSTAND THAT I MAY BE HELD LIABLE FOR ANY VIOLATIONS OF THE LAW, DEFECTS IN WORKMANSHIP, AND ANY ACCIDENTS OR INJURIES THAT MAY OCCUR IN THE COURSE OF THIS PROJECT. Signed under the pains and penalties of perjury this _____ day of _____.

Homeowner Signature:

Printed Name:

**EXEMPTION FROM HOME IMPROVEMENT CONTRACTOR REGISTRATION
FOR PERSONS OBTAINING BUILDING PERMIT AS A HOMEOWNER**

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units..." be done by registered contractors, with certain exceptions, along with other requirements.

A **'Homeowner'** as defined above, is exempt from registration as a Home Improvement Contractor as described in MGL c. 142A.

HOMEOWNERS OBTAINING THEIR OWN BUILDING PERMIT OR ENGAGING UNREGISTERED CONTRACTORS TO PERFORM APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND AS FOR PROVIDED UNDER MGL c. 142 A.

I have read the above statements and understand that I have waived my right to arbitration and access to the Guaranty Fund as provided for under MGL c. 142A by obtaining the attached permit as a 'Homeowner', as defined above.

Homeowner Signature:

Date:



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____